2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Aug 02, 2004 08:00 AM Secretary of State

ANTONE ILEX OICE					Secretary of State			
1. Entity Nam	MENT # 600311				Secre	ary o	State	
Principal Plac 83 N W 8TH HOMESTEAD		Mailing Address 83 N W 8TH ST HOMESTEAD, FL 33030						
C	OO NOT WRITE	IN THIS SPA	CE	07172004 4. FEI Numb 59-119		CR2E034 ((10/03) Applied For Not Applicable	
			,	5. Certificate	of Status Desired		.75 Additional Required	
6. Name and Address of Current Registered Agent JOHN LYNN 48 NE 15TH ST HOMESTEAD, FL 33030			DO NOT WRITE IN THIS SPACE					
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.								
SIGNATURE Signature, typed or printed name of registered agent and site if applicable. (NOTE Registered Agent signature required when reinstalling)								
FILE NOW!!! FEE IS \$150,00 9. Election Campaign Finar Due by September 8, 2004 Trust Fund Contribution.			noing \$5.	.00 May Be led to Fees	In accordance v corporation did	with s. 607,19; not receive th	3(2)(b), F.S., the e prior notice.	
10. OFFICERS AND DIRECTORS			-					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SPINELLI, FRANK 83 N. W. 8TH STREET HOMESTEAD, FL 33030				10000U 40\S0\80	-80009-0 0163009	15 150.00	
TITLE NAME STREET ADDRESS CITY+ST-ZIP								
TITLE NAME STREET ADDRESS CITY-ST-ZIP					NOT W			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		· ·		IN .	THIS SF	PACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP								
TITLE NAME STREET ADDRESS								

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: